| Fill in this in | formation to identify | your case: | | |
|---------------------|---------------------------------------------------------|-----------------------|------------|--|
| Debtor 1 | Martin D. Borst | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Middle District of Pe | nnsylvania | |
| Case number | $\frac{5:25\text{-}bk\text{-}00376}{\text{(If known)}}$ | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ 57,000.00 |
| 1ь. Copy line 62, Total personal property, from Schedule A/B | \$ <u>2,225.00</u> |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ <u>59,225.00</u> |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ <u>59,910.37</u> |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ <u>708.11</u> |
| Your total liabilities | \$ <u>60,618.48</u> |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ <u>3,270.93</u> |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ <u>1,881.00</u> |

Debtor 1

Middle Name Last Name 5:25-bk-00376

| Pá | art 4: | Answer These Questions for Administrative and Statistical Records |
|----|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. | | ou filing for bankruptcy under Chapters 7, 11, or 13? You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |
| 7. | What k | kind of debt do you have? |
| | ☑ Yo | ur debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| From Part 4 on <i>Schedule E/F</i> , copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ | 0.00 |
| 9g. Total . Add lines 9a through 9f. | \$ | 0.00 |

| Martin D. Borst | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|
| First Name | Middle Name | Last Name | |
| ebtor 2 pouse, if filing) First Name | Middle Name | Last Name | |
| nited States Bankruptcy Court for the: | Middle District of Pennsylv | rania | |
| ase number 5:25-bk-00376 | | , | Check if this is: |
| f known) | | | An amended filing |
| | | | ☐ A supplement showing postpetition chapter 1 income as of the following date: |
| ficial Form 106I | | | MM / DD / YYYY |
| chedule I: You | ır Income | | 12/15 |
| . , | ent | | |
| art 1: Describe Employm | ent | | |
| Fill in your employment information. | | Debtor 1 | |
| | | Deptor I | Debtor 2 or non-filing spouse |
| If you have more than one job, attach a separate page with information about additional | Employment status | Employed Not employed | Employed Not employed |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or | | ☐ Employed | Employed |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student | Employment status Occupation | ☐ Employed | Employed |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student | | ☐ Employed | Employed |
| If you have more than one job, attach a separate page with information about additional | Occupation | ☐ Employed | Employed |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student | Occupation Employer's name | ☐ Employed | Employed |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student | Occupation Employer's name | Employed Not employed | Employed Not employed |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student | Occupation Employer's name | Employed Not employed | Employed Not employed |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student | Occupation Employer's name | Employed Not employed Number Street | Employed Not employed Number Street |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student | Occupation Employer's name | Employed Not employed Number Street City State ZI | Employed Not employed |

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

spouse unless you are separated.

below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1

0.00

0.00

For Debtor 2 or non-filing spouse

Debtor 1

Martin D. Borst First Name Middle Name Last Name

| | | | FC | or Deptor 1 | For Debtor 2 or non-filing spouse | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|---------------------------------------|-----------------------------------|----------------------|
| | Copy line 4 here | → 4 | \$ | 0.00 | \$ | |
| | List all payroll deductions: | | Ψ_ | | T | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$_ \$ | 0.00 | \$ | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$ \$ | 0.00 | \$ | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | |
| | 5e. Insurance | 5e. | \$ | 0.00 | \$ | |
| | 5f. Domestic support obligations | 5f. | \$ | 0.00 | \$ | |
| | 5g. Union dues | 5g. | \$ | 0.00 | \$ | |
| | 5h. Other deductions. Specify: | 5g. 5h. | +\$ | 0.00 | + s | |
| | one deductions. Specify. | 511. | ' \$_ \$ | | + \$ \$ | |
| | | | Ψ_ \$ | | \$ | |
| | | | \$_ \$ | · · · · · · · · · · · · · · · · · · · | \$ | |
| | Add the neverth deductions Add lines for 15h 15s 15d 15s 15t 15s 15h | 0 | _ | 0.00 | • | |
| | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | | \$_ | 0.00 | \$ \$ | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 0.00 | Φ | |
| 8. | List all other income regularly received: | | | | | |
| | 8a. Net income from rental property and from operating a business, | | | | | |
| | profession, or farm | | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | 0.00 | | |
| | monthly net income. | 8a. | \$_ | 0.00 | \$ | |
| | 8b. Interest and dividends | 8b. | \$_ | 0.00 | \$ | |
| | 8c. Family support payments that you, a non-filing spouse, or a depend regularly receive | ent | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$_ | 0.00 | \$ | |
| | 8d. Unemployment compensation | 8d. | \$_ | 0.00 | \$ | |
| | 8e. Social Security | 8e. | \$_ | 1,465.00 | \$ | |
| | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | nce 8f. | \$ | 0.00 | \$ | |
| | | | | 0.00 | | |
| | 8g. Pension or retirement income | 8g. | \$_ | | \$ | |
| | 8h. Other monthly income. Specify: | 8h. | + \$_ | 0.00 | _+\$ | - |
| 9. | Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$_ | 1,465.00 | \$ | |
| | Calculate monthly income. Add line 7 + line 9. | | \$ | 1,465.00 | + s | = \$ 1,465.00 |
| | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | · | | <u> </u> | |
| | State all other regular contributions to the expenses that you list in <i>Sche</i> Include contributions from an unmarried partner, members of your household, friends or relatives. | | | dents, your roo | mmates, and other | |
| | Do not include any amounts already included in lines 2-10 or amounts that are Specify: Military Disability Benefits | e not a | vailab | le to pay exper | | . + \$_1,805.93_ |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. Th | e resu | It is th | e combined mo | onthly income. | 0.070.00 |
| | Write that amount on the Summary of Your Assets and Liabilities and Certain | | | | • | \$3,270.93 |
| | | | | | | Combined |
| 13. | Do you expect an increase or decrease within the year after you file this No. Yes. Explain: | form | ? | | | monthly income |
| | TOS. Explain. | | | | | |

| Fill in this i | nformation to identify | volir case. | | | | |
|----------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------|-----------------|-------------------------------|
| | | your ouse. | | | | |
| Debtor 1 | Martin D. Borst First Name | Middle Name Last Name | Check if t | his is: | | |
| Debtor 2 (Spouse, if filing | (A) First Name | Middle News | | nended fi | ling | |
| ` ` ` | | Middle Name Last Name Middle District of Pennsylvania | ☐ A sup | plement: | showing postp | petition chapter 13 |
| United States | Bankruptcy Court for the: | · · · · · · · · · · · · · · · · · · · | state) expen | ses as o | f the following | date: |
| Case number (If known) | 5:25-bk-00376 | | MM / [| DD / YYYY | | |
| Official | Form 106J | | | | | |
| Sched | dule J: Yo | ur Expenses | | | | 12/15 |
| information. | | ossible. If two married people are fili ed, attach another sheet to this form | | - | | - |
| Part 1: | Describe Your Hou | sehold | | | | |
| | o to line 2. pes Debtor 2 live in a s | separate household? e Official Form 106J-2, <i>Expenses for</i> S | eparate Household of Debtor 2 | <u>.</u> | | |
| 2. Do you ha | ve dependents? | No | Danandantia valatianahin ta | | Danandantia | Door dependent live |
| | Debtor 1 and | ☐ Yes. Fill out this information for | Dependent's relationship to Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| Debtor 2. Do not stat names. | e the dependents' | each dependent | | _ | | No Yes No Yes |
| | | | | | | No Yes No Yes No Yes Ves |
| expenses | openses include of people other than nd your dependents? | ✓ No ☐ Yes | | | | |
| Part 2: E | stimate Your Ongoi | ng Monthly Expenses | | | | |
| Estimate you expenses as applicable da | ir expenses as of your of a date after the bar ate. | bankruptcy filing date unless you a kruptcy is filed. If this is a supplementable of the control | ental <i>Schedule J</i> , check the b | | - | - |
| - | | it on Schedule I: Your Income (Offi | | | Your expen | nses |
| | I or home ownership of the ground or lot. | expenses for your residence. Include | first mortgage payments and | 4. | \$ | 0.00 |
| - | luded in line 4: | | | | | |
| | l estate taxes | | | 4a. | \$ | 200.00 |
| 4b. Prop | perty, homeowner's, or r | enter's insurance | | 4b. | \$ | 0.00 |
| · | ne maintenance, repair, | | | 4c. | \$ | 175.00 |
| | neowner's association of | | | 4d. | \$ | 0.00 |

4d. Homeowner's association or condominium dues

Debtor 1

Martin D. Borst

First Name Middle Name Last Name

Case number (if known) 5:25-bk-00376

| | | | Your ex | penses |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|--------|
| 5. 4 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 400.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 35.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 181.00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 300.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 75.00 |
| 0. | Personal care products and services | 10. | \$ | 100.00 |
| 1. | Medical and dental expenses | 11. | \$ | 0.00 |
| | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 225.00 |
| 3. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 4. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 90.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 7. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 0 | Other payments you make to support others who do not live with you. | | Ψ | |
| | Specify: | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | ne. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

| Other. Specify: Animal Food/Care | 21. | 1 0 | 50.00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|----------|
| | 21. | +\$ +\$ | |
| | | +\$ | |
| 2. Calculate your monthly expenses. | | - Ψ | |
| 22a. Add lines 4 through 21. | 22a. | \$ | 1,881.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a | 22b. | \$ s | |
| and 22b. The result is your monthly expenses. | 22c. | \$ | 1,881.00 |
| 3. Calculate your monthly net income. | | | 3,270.93 |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 0,270.30 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,881.00 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 1,389.93 |
| 4. Do you expect an increase or decrease in your expenses within the year after you file this form? | | | |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | |
| No. | | | |
| Yes. Explain here: | | | |

| Fill in this in | formation to ide | ntify your case: | | |
|---------------------------------|----------------------|----------------------------|-----------|--|
| Debtor 1 | Martin D. Bor | St Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for | the Middle District of Pen | nsylvania | |
| Case number (If known) | 5:25-bk-0037 | ⁷ 6 | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| ch Bankruptcy Petition Preparer's Notice, Declaration, and ature (Official Form 119). |
|---------------------------------------------------------------------------------------|
| |
| |
| |
| |
| |
| |
| s filed with this declaration and |
| |
| |
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| |
| |